Telehealth to the rescue for baby Chloe

Renal transplant milestone
HPV reminder for teens
Share a selfie for science
Brave kids inspire Dockers
Fetal surveillance leads to better care

A new fetal surveillance clinic at Fiona Stanley Hospital (FSH) is cutting wait times and freeing up urgent care beds for expectant mothers.

Previously, pregnant women requiring regular cardiotocography (CTG) monitoring due to medical disorders like gestational diabetes would present to the Maternal Fetal Assessment Unit (MFAU).

MFAU also provides urgent assessment for women with unexpected complications so those needing routine CTGs once or twice a week could be waiting some time, depending on other cases presenting on the day.

Acting Midwifery and Nurse Director Women, Children and Newborn Peta Skuthorp said the new clinic meant women had more certainty around appointment times.

“Time is precious and not everyone can afford to wait for long periods, so we’ve listened to patient feedback and changed the way we do things,” Peta said.

“Because these women are no longer waiting alongside urgent cases, their wait time has effectively been reduced to zero.

“The knock-on effect is that the MFAU now has more capacity to efficiently deal with those urgent cases.”

Tricia and Dirk Mulder had their second child, Pierce, two weeks ago and attended the new clinic for monitoring twice a week during the later stages of their pregnancy.

“The midwifery staff within the clinic really took the time to get to know us,” Dirk said.

“It was good to see the same familiar faces each time we came in and to be able to get the CTG done without waiting around.

“The birth went very smoothly too, thanks partly to our wonderful obstetrician Dr Sunanda.”

The clinic is run two days-a-week and is staffed by a dedicated team of specialist midwives working alongside the medical team to provide patient assessment and continuity of care.

“Our highly trained midwives consult regularly with medical staff to ensure we’re providing exceptional care in a familiar and friendly environment,” Peta said.

From the DG’s desk

Welcome to the 2017 Spring edition of Healthview magazine.

In the previous edition I mentioned the announcement of the Sustainable Health Review, and the establishment of an independent panel to formulate the means of delivering an innovative, sustainable and cost-effective health system.

The Review is an excellent opportunity to ensure Western Australians are receiving quality health care that can be sustained for our future generations. The review will focus on value and innovation to improve health outcomes, improve patient experience and to drive our clinical and financial performance.

We have the opportunity to partner across sectors and use advances in technology to deliver care and services in the most appropriate setting.

It is estimated that in 2017–18 we will provide more than 2,343,000 service events in outpatient clinics and community settings and our hospitals will see 652,000 inpatient episodes of care.

Important new info about health care for older patients and dedication of our outstanding health system staff we can meet the challenges ahead.

In the recent State Budget, the Government reinforced its election commitments, including funding for preventative health measures to help us tackle rising chronic disease rates, and the challenges of an ageing population.

The Patient Opinion online feedback platform is also listed to patient feedback and changed the way we do things. "Time is precious and not everyone can afford to wait for long periods, so we've listened to patient feedback and changed the way we do things," Peta said.

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New places improve options for older patients

The opening of 60 Transition Care Beds at the Juniper Charles Jenkins aged care facility will improve discharge options for older patients and ease the pressure on beds in our hospitals.

Also, the TelePalliative Care in the Home program brings the best care possible to terminally-ill patients in remote and rural areas, which allows them to remain at home while receiving palliative care treatment.

Dr J D Russell-Weisz
DIRECTOR GENERAL

This document can be made available in alternative formats on request for a person with a disability.

Cover: Chloe Gooding – held by her mother Philippa – is alive and well after being treated by the Emergency Telehealth Service. (Photo: Laura Grubisa, Narrogin Observer)

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Emergency Telehealth Service. (Photo: Laura Grubisa, Narrogin Observer)
Brave kids recognised by the Dockers

Fremantle Dockers Football Club has acknowledged the courage and bravery shown by 10 young people while being treated at Fiona Stanley and Rockingham General hospitals during the past 12 months.

At the 23rd annual AJ Diamond Club Bravery Awards presentation, Fremantle’s newest recruits shared a story of each young award recipients before presenting a gold medallion and gift. For one courageous patient, an extra special extra prize was awarded – Dockers for a Day.

This went to 12-year-old Emily who was admitted to hospital with an abscess on her foot. All through her treatment Emily always had a smile for those around her and staff remembered her resilience even through the enormous pain.

“These young patients demonstrate such courage and determination throughout their treatment,” South Metropolitan Health Service Chief Executive Paul Forden said.

Joe celebrates a record and a life well-lived

A world record was set at Fiona Stanley Hospital (FSH) recently as patient Joe Rocca celebrated his 10th anniversary of receiving a mechanical heart pump.

Joe, 78, is the longest living recipient of a HeartWare ventricular assist device (HVAD) and the FSH Advanced Heart Failure and Cardiac Transplant Service held a celebration to mark the occasion.

Ten years ago, after surviving two earlier heart attacks, Joe’s heart began to fail. Close to death and unable to walk without extreme breathlessness, he received a HVAD at Royal Perth Hospital (RPH) as a bridge to a heart transplant.

It later became clear that despite his intensive medical and exercise rehabilitation, Joe was not well enough to survive a transplant operation – so his intensive medical and exercise treatment – so he faced up to surgery, pain and being away from home.

The award recipients, ranging from three to 16-years-old, were nominated by nursing and medical staff.

“Joe’s wife Pam said the pump had been a lifesaver for him. It has given him the chance to raise his family and have a normal life.”

“Joe has a positive attitude to his disease and often makes people laugh with his nonchalant attitude. Joe’s wife Pam said the pump had been a lifesaver for him. It has given him the chance to raise his family and have a normal life.”

Telehealth cuts the tyranny of distance

Five-month-old Chloe Gooding is a bright, bubbly example of the benefits of the Emergency Telehealth Service which is now run from 76 sites across Western Australia.

When she was five weeks old, Chloe went into respiratory distress and was rushed by her mother Pip from her family farm near Kukerin in the Wheatbelt to Dumbleyung Hospital 30km away.

Fortunately for the Goodings, the hospital had an Emergency Telehealth Service (ETS), which provided video-conferencing with experts in Perth.

Dr Leman said Chloe could easily have died if she had not received the treatment she did at Dumbleyung.

“ETS was a vital part of the chain of survival,” he said.

The Dumbleyung Hospital nurse who treated Chloe, Ashlyn O’Donnell, said the ETS was a great help to her and she sometimes used it twice a day.

“I had never seen a baby breathing like that before but the ETS doctor was amazing and talked me through what to do,” she said.

“It’s so comforting and reassuring to have that extra support. The ETS doctors never make you feel stupid.”

The State Government recently announced funding enabling the ETS to continue for another two years.

Every week, ETS doctors conduct 300 consultations across the 76 WA sites.

The award-winning service is gaining national and international recognition as a leader in providing emergency medicine by telehealth.
Clot-busting team at front of stroke care

At the first signs of stroke there’s just one place to call – WA Health’s “clot busters”.

This 30-strong team of interventional and diagnostic neuroradiologists, radiographers, nurses and other support staff – otherwise known as the Neurological Intervention and Imaging Service of WA (NIISwa) – is now saving many severe stroke patients from permanent disablement and death.

Now in its 10th year, NIISwa, a cross-campus quaternary State service, is enjoying recent success due to a game-changing procedure known as endovascular clot retrieval, a complex but minimally invasive technique that involves insertion of a clot-retrieving device into the femoral artery through the groin via a catheter. With the aid of modern imaging technology a doctor is able to guide the catheter inserted in the groin to the brain where the device can then extract the clot.

Results of the procedure can be dramatic with patients arriving paralysed and unable to speak one day, leaving hospital walking and talking the next.

It is a significant advance from the past when the standard treatment for severe strokes involved trying to dissolve clots using a chemical infused intravenously. Results were much less favourable for patients with large brain clots who commonly faced weeks in hospital and months of intensive rehabilitation.

Vital to the success of endovascular clot retrieval is getting to the patient before lack of oxygenated blood to the brain causes large areas of irreversible damage.

“Ideally we would like to get to patients within three to four hours of their stroke,” NIISwa head Con Phatouros said.

To give patients the best chance of getting treated within this window, new measures have been put in place across Western Australia’s public health system. These include:

- a State-wide stroke service staffed 24 hours a day, seven days a week at Sir Charles Gairdner Hospital
- a stroke service at Fiona Stanley Hospital that operates during business hours.
- three stroke service streams to improve the streaming of patients from outside the metropolitan area. Each of these streams aligns to a metropolitan hospital – Sir Charles Gairdner, Fiona Stanley or St John of God Midland – and has a dedicated stroke consultant to provide advice on the most appropriate management of individual cases.

On assessment, the patients may be admitted to the relevant regional health facility or transferred directly to the designated metropolitan hospital.

The decision to perform a clot retrieval is based upon review of imaging and clinical parameters by the interventional neuroradiologist in conjunction with stroke neurology.

These measures are part of broader reform of stroke management within WA’s public health system which began with the development of a stroke pathway in 2014.

“This pathway is all about ensuring stroke patients get access to the right care, in the right place and within the right time window,” Dr Phatouros said.

NIISwa is one of only two services in the nation offering continuous Endovascular Clot Retrieval.

In its first year of operation, NIISwa treated approximately 200 cases, only a handful of whom would have been stroke cases due to the limited likelihood of success using the standard procedures of the day.

This year NIISwa has already managed more than 500 cases including 156 strokes, 147 brain aneurysms and about 110 patients with complications from ruptured brain aneurysms.

FSH Renal Transplant Unit celebrates major milestone

The Fiona Stanley Hospital (FSH) Renal Transplant Unit has celebrated a major milestone with a special celebration during DonateLife Week.

The unit recently completed its 100th kidney transplant, and staff got together with transplant recipients and live donors to acknowledge the achievement.

Head of Nephrology Dr Suda Swaminathan said the team wanted to hold a celebration to acknowledge the difference transplants made to patients’ lives, and acknowledge the contribution of donors and their families.

“Everything we do is for our patients, so it was only fitting that we make the celebration about them,” Dr Swaminathan said.

“We also wanted to acknowledge the selflessness of live donors who have given a kidney to a loved one either directly or via the kidney exchange program.”

Dr Swaminathan said organ transplants made a big difference to recipients’ quality of life and longevity.

“For someone with kidney failure, a transplant can be life-changing,” she said.

“Rather than having dialysis for the rest of their life, they are able to work, socialise and generally live the normal life that most of us take for granted.

“Most patients need intensive follow-up for the first couple of months after their transplant, but after that they can live a relatively normal life.”

She encouraged people to talk to their loved ones about organ donation.

“As clinicians we see the benefits of organ donation every day – and I can’t emphasise enough how important it is,” she said.

“It only takes a minute to register, but it could save someone’s life.”

Big Splash WA movement has started

A pod of wildly colourful dolphin sculptures featuring designs by local artists will swim into Perth in January 2018 as part of The Big Splash WA. The Big Splash WA is an initiative of the Perth Children’s Hospital Foundation and Wild in Art that will bring businesses, artists and schools together to raise awareness and vital funds for child and adolescent mental health.

The dolphins will form a vibrant world-class sculpture trail through the streets, parks and open spaces of the CBD next year. At the conclusion of the trail, the stunning sculptures will be auctioned off by Perth Childrens Hospital Foundation to raise vital funds for child and adolescent mental health programs. The Big Splash has been developed in response to the increasing incidence of self-harm and attempted suicide among children. The initiative is designed to encourage conversations around mental health and connect children and teenagers to support services.

As part of the program schools will receive health resource kits created with input from the Child and Adolescent Mental Health Service (CAMHS) for students, teachers and parents. The kits are designed to equip children and teenagers with skills to develop resilience, empathy and a balanced outlook throughout their lives. CAMHS Director of Clinical Services Dr Caroline Goossens said the initiative would help raise the issue of children’s mental health in a fun and creative way and highlight the support available.

“An estimated 50 per cent of children are currently not accessing the mental health assistance they need. The Big Splash WA will help to educate and inform as many Western Australians as possible of the best points of contact,” she said.

For more information: www.thebigsplashwa.com.au

Graylands therapist honoured for his contribution

Graylands Hospital's Senior Occupational Therapist Andrew Miller was recently honoured for consistently going ‘above and beyond’ in facilitating independence and the reintegration of Graylands patients into the community. Andrew won the Western Australian Association of Mental Health (WAAMH) Employee Excellence Award at the recent WA Mental Health Conference and Awards in Perth.

He has worked at Graylands Hospital as an Occupational Therapist since 2008 and has extensive experience working with a range of mental health patients in open and secure ward environments.

Utilising the ‘therapeutic use of self’ in his practice, he shares his passions for creativity, music, nature, social connection and community with Graylands’ patients.

Andrew’s vision has always been to ‘create choices and opportunities for mental health consumers to engage in their own recovery’. Together with WA’s 2017 Nurse/Midwife of the Year, Graylands’ mental health nurse Amy Wallace, Andrew created a sports program for Graylands’ secure ward patients which has been shown to reduce the number of incidences of aggression and self-harm.

Staff praised for saving Billy’s hand

The family of a three-year-old boy whose hand was caught in a juicer have thanked Fiona Stanley Hospital staff for saving his hand.

On his third birthday, Billy Baxter was helping his mum Kaya Clifford make juice for his party – something they had done together many times before. “Billy loves helping me make juice – we do it all the time,” said Kaya, a former paediatric nurse.

But neither knew their fun birthday activity was about to take a dramatic turn. As Billy happily dropped fruit into the narrow funnel of the juicer, Kaya turned away for half a second.

“I turned back and Billy’s hand had been sucked into the juicer,” Kaya said.

“It was completely stuck and we couldn’t see how to get it out – it was horrific.” A distressed Kaya and her partner John Baxter got Billy into the car – juicer still on his hand – and rushed him to Fiona Stanley Hospital.

Emergency Department staff took Billy in straight away and worked to remove the juicer.

“It was difficult to know how bad the damage was, as no one could see it properly with the juicer still attached,” Kaya said.

Once the juicer was removed, it was clear the damage was catastrophic.

Billy had a large gash through the centre of his palm, severing nerves, tendons and crucial blood supply to his fingers. He had multiple lacerations to all four fingers and his thumb, and a chipped growth plate.

“You could tell the blood supply had been cut off as Billy’s hand had gone grey – it didn’t look good,” Kaya said.

“We were really worried he might lose his hand.” Plastic surgeon Dr Duncan Taylor and his team worked late into the night to save Billy’s hand.

“We don’t see a lot of injuries that severe and complex, especially in someone so young,” Dr Taylor said.

“The biggest challenge was trying to re-establish blood supply to Billy’s fingers. The blood vessels in his hand were tiny so we completed most of the surgery using a microscope.”

Dr Taylor said the successful 10-hour surgery was real team achievement.

“A complex surgery like Billy’s demands input from a whole range of specialist areas,” he said.

“Surgeons can’t operate without the support of nursing staff, anaesthetists, imaging technicians and other support staff. “Paediatric ward staff, play therapists, physiotherapists and occupational therapists all have played important roles in his post-operative recovery.”

Remarkably, Billy was able to go home after only 48 hours in hospital and is expected to regain full use of his hand. Kaya said Billy had been surprisingly positive about his first-ever hospital experience.

“He looks forward to going to hand therapy because the staff have made it really fun for him.

“Whenever we drive past the hospital he’ll point and say, ’That’s my hospital, Mum.’”

 Asked what she would say to hospital staff, Kaya’s answer was simple.

“Thank you so much. We’re so grateful.”
New app to connect children with disabilities to leisure

An app is being developed to help Western Australian children with disabilities access leisure activities in their local community.

Professor Catherine Elliott, Chair of Allied Health Princess Margaret Hospital and Curtin University, was recently awarded the Dr Louisa Alessandri Research Grant to support this initiative.

Professor Elliott has been collaborating with the Canadian creators of a research-based app, named Jooya, to develop a local version tailored to Western Australian families, which is due for release in 2018.

The grant will fund the development and maintenance of the app, as well as enable a community inventory of leisure activities across the State to be created.

“In Australia, seven per cent of all children aged up to 17 years have a disability and many of those children have difficulty participating in leisure activities in their communities,” Professor Elliott said.

“Children with a disability, their families, which is due for release in 2018.

The grant will fund the development and maintenance of the app, as well as enable a community inventory of leisure activities across the State to be created.

“In Australia, seven per cent of all children aged up to 17 years have a disability and many of those children have difficulty participating in leisure activities in their communities,” Professor Elliott said.

“This app will deliver a practical solution to break down those barriers and benefit the lives of children and young people with disabilities by helping them partake in community-based leisure activities.”

WA researchers in hunt for key thyroid genes

A WA Health researcher seeking insights into the role played by genetics in thyroid function is one of 139 high-performing researchers awarded funding in the latest round of the Medical and Health Research Infrastructure Fund (MHRIF).

John Walsh, a consultant endocrinologist at Sir Charles Gairdner Hospital and a clinical professor at the University of Western Australia, is leading a successful team of researchers investigating large samples of population data. The team has made substantial progress in identifying specific genes that influence thyroid function and the development of thyroid disease.

Professor Walsh said that better insights were needed into thyroid function and disease because even in healthy people, small differences in thyroid function could produce significant changes in health indicators such as body mass index, blood pressure, cholesterol and triglycerides, and cardiovascular health.

“If we can find the specific genes – and gene modifications – that are instrumental in thyroid function and the development of thyroid disease, we can begin to look for new ways of tackling thyroid conditions,” he said.

Thyroid hormones act on almost every tissue in the body and affect basal metabolic rate, protein synthesis, fat and carbohydrate metabolism, and cellular response to stimuli such as adrenaline.

Professor Walsh said that although thyroid disease – which includes hyperthyroidism and hypothyroidism – affected up to 10 per cent of the population, the range of treatments for the condition was limited and existing therapies were less than optimal for all patients.

The MHRIF was established in 1997 to promote excellence in medical and health research in Western Australia by providing high-performing researchers with financial support to meet the day-to-day infrastructure costs associated with their projects.

Professor Walsh will use his MHRIF grant to buy specialist laboratory equipment to support the team’s ongoing, cutting-edge research.

Western Australia’s Chief Medical Officer, Professor Gary Geelhoed, said Professor Walsh was to be congratulated on his work that would help advance an important stream of medical research.

Professor Geelhoed said that $6 million had been distributed to WA researchers across hospitals, universities and medical research institutes in this latest round of the MHRIF program.

Hay fever (allergic rhinitis)

Contrary to its name, hay fever is not caused by hay and does not result in fever. It affects an estimated one in five Australians.

Allergic rhinitis, commonly known as hay fever, is the most common allergic disorder in Australia. Allergic rhinitis can have a significant impact on sleep, concentration, learning and daily function. Once diagnosed, allergy rhinitis can be effectively managed.

Hay fever is caused by the nose and/or eyes coming into contact with environmental allergens, such as pollens, dust, mites, moulds and animal hair.

Pollens from grasses are one of the most common causes. They can be difficult to see and are often worse in spring.

Immediate signs or symptoms of hay fever (allergic rhinitis) include:

- runny nose
- sneezing
- itchy nose
- itchy, watery eyes
- congested nose
- snoring – symptoms range from mild or moderate to severe.

Complications include:

- sleep disturbance
- daytime tiredness
- headaches
- poor concentration
- recurrent ear infections in children
- recurrent sinus infections in adults
- asthma can be more difficult to control.

If it is possible to identify the allergen(s) causing the allergic rhinitis, then minimising exposure may reduce symptoms.

For those with pollen allergy, some examples of how to avoid pollens include:

- Stay indoors when possible during pollen season, on windy days, or after thunderstorms
- Avoid activities known to cause exposure to pollen, such as mowing grass
- Shower after activities where you may have had a high exposure to pollen
- Use re-circulated air in your car when pollen levels are high.

Discuss treatment options with your doctor. A referral to a clinical immunology/allergy specialist may be required for further assessment, including allergy testing.

Treatment options include medication such as:

- intranasal corticosteroid sprays – these contain low-dose steroids and are safe for long-term use
- non-sedating antihistamines – these are effective in relieving symptoms and are available without prescription from a pharmacy
- saline nasal sprays that can help clear nasal congestion
- decongestant nasal sprays or tablets – these should be used for a maximum of five days. Pregnant women and those with high blood pressure should not use decongestants.

Allergen immunotherapy is a long-term treatment under the care of a clinical immunology/allergy specialist. Allergen-specific immunotherapy, also known as desensitisation, involves gradually increasing a person’s exposure to a known allergen by injection or sublingual drops or tablets (under the tongue).

Treatment is usually for three to five years and typically offered to people older than five years.
Rise in food poisoning linked to eggs

People are reminded to avoid eating raw or partially cooked eggs as a result of a rise in salmonella infections. A recent study has shown that eating raw or runny eggs is a significant cause of illness.

Eggs are a good source of vitamins and minerals but like many other foods they can be contaminated with bacteria, including Salmonella. It is important that you handle and prepare eggs safely to reduce the risk of food poisoning.

It is best to avoid any uncooked foods or dishes that contain raw egg and don’t use cracked or dirty eggs. This is because it is impossible to guarantee the safety of eating raw eggs and dishes that contain unpasteurised raw egg products. This includes breakfast dishes containing eggs, desserts and aioli.

Prepare egg dishes as close as possible to the time of consuming and refrigerate at or below 5°C.

Prepare eggs safely to reduce the risk of food poisoning.

Free vaccine helps protect teens from meningococcal

Western Australian teenagers aged 15 to 19 years are encouraged to get the free meningococcal ACWY vaccine to help protect them and others against this serious disease.

The three-year vaccination program will target teenagers who are most at risk of developing meningococcal disease and transmitting it to others, including young children, and will be delivered in three phases.

Phase 1 starts in school term two in some secondary schools and all Aboriginal medical services for Year 10, 11 and 12 students.

Phase 2 commences in school term three across WA for Year 10, 11 and 12 students and university students at on-campus medical centres.

Phase 3 starts in school term four with GP surgery vaccination (subject to vaccine availability) for Year 10, 11 and 12 students who missed their school vaccination in terms 2 or 3, and teenagers aged 15 to 19 who are not at school or university.

Students enrolled in a secondary school will receive consent forms prior to their school-scheduled immunisation day.

People turning 20 years old before early October 2017 should contact the Central Immunisation Clinic (metropolitan) on 9321 1312 or their local Population Health Unit (country) before their birthday to ask how they can receive their free vaccine.

In 2018 and 2019, the program will target incoming Year 10 students only.

While meningococcal disease is rare, the number of cases infected with the ‘W’ strain has increased in recent years.

Read more about the meningococcal ACWY vaccine.

Mosquito numbers predicted to rise

Western Australians are being reminded that with the onset of warmer weather there will be more mosquito activity and therefore a greater risk of mosquito-borne disease.

Residents in metropolitan Perth and the South West are urged to be alert and to take extra precautions to avoid being bitten by mosquitoes over the coming spring and summer months.

Mosquitoes in Perth and the South West can transmit Ross River virus (RRV) and Barmah Forest virus (BFV). Given there is no vaccine or specific cure for either disease, the best way to avoid infection is to prevent mosquito bites.

Symptoms of RRV and BFV include painful or swollen joints, sore muscles, skin rashes, fever, fatigue and headaches. Symptoms can last for weeks or months and the only way to properly diagnose the viruses is by having a specific blood test. Anyone experiencing these symptoms should visit their doctor.

People are encouraged to protect themselves and their families from mosquitoes with the following steps:

- avoid outdoor exposure particularly around dawn and dusk when mosquitoes are most active
- wear protective (long, loose-fitting, light coloured) clothing when outdoors
- apply an insect repellent containing diethyl toluamide (DEET) or picaridin to exposed skin
- empty or cover any standing water around the home or holiday accommodation to reduce mosquito breeding
- ensure insect screens are installed and remain in good condition
- use mosquito nets or mosquito-proof tents when camping or sleeping outdoors
- ensure infants and children are adequately protected against mosquito bites, preferably with suitable clothing, bed nets or other forms of insect screening.

Bee warning for spring

Spring is a favourite time of year for many Western Australians, but unfortunately for some it is also a time when allergic reactions are at their worst.

While hay fever is probably the one allergy mostly associated with this time of year, bee stings remain the most common cause of reactions in Western Australia. Fortunately, treatment for minor allergic reactions caused by bee stings is relatively straightforward, but as always, prevention is the best defence.

Bees normally sting only in self-defence and the best protection against being stung is wearing light clothing or dark or muted colouring.

Try to avoid wearing perfumes or bright colours as both are likely to attract extra attention.

If you are unlucky enough to be stung by a bee, the following first aid measures can be used:

- remove the sting by sliding or scraping your fingernail across it, rather than pulling at it
- wash the area and apply ice to reduce the swelling.

Anyone who has an allergy to bee stings may fall into a life-threatening state and the only treatment is an injection of adrenaline. Immobilise the person, apply pressure to the bite and seek immediate medical help.

Serious allergic reactions occur in approximately two per cent of stings from ants, bees and wasps.

Anyone who experiences symptoms such as swelling of the face, lips and tongue, breathing difficulties or a generalised rash, is advised to seek urgent medical attention.

People are encouraged to protect themselves and their families from mosquitoes with the following steps:

- avoid outdoor exposure particularly around dawn and dusk when mosquitoes are most active
- wear protective (long, loose-fitting, light coloured) clothing when outdoors
- apply an insect repellent containing diethyl toluamide (DEET) or picaridin to exposed skin
- empty or cover any standing water around the home or holiday accommodation to reduce mosquito breeding
- ensure insect screens are installed and remain in good condition
- use mosquito nets or mosquito-proof tents when camping or sleeping outdoors
- ensure infants and children are adequately protected against mosquito bites, preferably with suitable clothing, bed nets or other forms of insect screening.
WA Health is reminding parents of Year 8 students to make sure their child receives their final HPV vaccine, offered at school this term.

The vaccine is delivered through secondary schools across Western Australia as part of the national immunisation program.

WA Health’s Medical Coordinator, Professor Paul Effler, says it is important that students receive all three vaccine doses for maximum protection against genital warts and some cancers.

“The HPV vaccine helps prevent cancer later in life and all three doses are needed to be confident of optimal protection,” he said.

“We typically see a good response to the program at the start of the year, but unfortunately many students do not go on to complete the three-dose program.”

“Last year, 85 per cent of Year 8 students had parental consent to participate in the program, but only 73 per cent completed the full program.”

Visit your GP or immunisation provider if your child misses a dose.

Quick facts

* The HPV vaccine protects against two types of HPV that are known to cause 70 per cent of cervical cancer in women. It also protects males from 90 per cent of HPV types that cause cancers of the penis, anus and throat. The vaccine also protects against two further HPV types that cause 90 per cent of genital warts in both sexes.

* The Year 8 vaccination program also includes booster doses of diphtheria, tetanus and pertussis vaccines.

Advisory Groups gather for one day forum

The newly formed East Metropolitan Aboriginal Health Community Advisory Groups met for the first time recently to discuss how to achieve better health and wellbeing for Aboriginal people in the region.

The Groups – representing Armadale, Bentley, Inner City/Royal Perth Hospital and Swan Hills/Midland areas – will work collaboratively with the East Metropolitan Health Service Executive and the Aboriginal Health Strategy Team to influence and promote sustainable and appropriate change.

The main outcome from the day was the endorsement of the East Metropolitan Health Service Aboriginal Health Strategy, which aims to close the gap on health inequities between Aboriginal people and the broader community.

The groups will continue to meet at least twice a year.

For more information about any of these HealthyWA stories visit www.healthywa.wa.gov.au
Technology delivers home palliative care

Terminally ill patients in the Wheatbelt now have the option to live out their lives at home with the aid of technology.

The TelePalliative Care in the Home program has been given six tablet computers to enable patients and carers to stay in contact with palliative care staff via telehealth videoconference for their appointments, as well as at critical times.

During a trial of the Wheatbelt program, 75 per cent of participants were able to remain at home while receiving palliative care treatment.

Critical times include when medication might be needed to provide comfort to a patient for symptoms related to end of life care.

“The videoconference allows us to see carers prepare and administer medications, which means this vital aspect of palliative care can now be done from home,” WA Country Health Service Wheatbelt palliative care nurse manager Brett Hayes said.

The tablet computers also allow patients and carers to book and have an appointment with their clinician the same day, rather than wait days to have a face to face meeting.

Brett said, with it taking sometimes five hours to drive from one end of the Wheatbelt to the other, it was difficult for people to meet their clinicians as often as preferred.

“It can also take carers more than an hour just to get their loved one into the car to drive to the nearest town with the necessary medical facilities,” he said.

“Being able to do appointments from home makes things a lot easier.”

Brett said that while many local patients with terminal illnesses expressed a wish to die at home many, in the end, were unable to.

“We conducted a survey of our patients which showed that, of seven patients who wanted to die at home, only three were able to,” he said. “The others died on the way to or at hospital.

“Without specialist palliative support, carers revert to hospital options even when it was not what the patient wanted.

“If we – as experienced palliative care practitioners – can use telehealth to talk carers through uncertain or stressful times and provide them with support and reassurance, more people will be able to die at home where they want to, surrounded by their loved ones.”

Patients with their own devices and laptops can also use these to access the TelePalliative Care in the Home service.

Kids go Squeaky Clean in regional WA

WACHS Goldfields staff recently hosted the launch of an innovative program designed to help reduce the incidence of trachoma and other diseases in regional WA.

The Squeaky Clean Kids Program will give free soap to communities in the Kimberley, Pilbara, Midwest and Goldfields regions that are at risk of trachoma or trachoma resurgence, as well as promote hygiene messages in local schools and the wider community.

More than 19,500 people are expected to benefit from the Program.

Australia is the only developed country with trachoma – a bacterial infection which causes inflammation of the inside of the eyelid, that if left untreated, can cause scarring and blindness.

Trachoma is spread through contact with eye discharge of an infected person, especially by flies, fingers and shared towels. There are no obvious symptoms of trachoma in its early stages, which is why prevention methods are so important.

The WA Trachoma Control Program has been effective in reducing trachoma prevalence in these communities from 24 per cent in 2006 to 2.6 per cent in 2015, and the Squeaky Clean Kids program aims to help reduce this further.

Soap for this program has been donated by Soap Aid, an Australian not-for-profit organisation that collects, sorts, cleans and reprocesses soap from hotels into new bars for use in several communities.

WACHS has partnered with Soap Aid, the Department of Health’s Environmental Health Directorate, the Aboriginal Health Council of WA, regional Aboriginal corporations, regional schools and local governments to deliver the program in the four health regions.

Splash of colour for new Karratha Health Campus

With the external structure of the eye-catching Karratha Health Campus (KHC) taking shape, new colours have been unveiled showing links to the local landscape.

The campus, which is on track for completion in late 2018, will boast improved facilities and greater space for efficient patient care.

“The difference this new campus will make to our patients, and the staff who care for them, is going to be massive, with an enhanced working environment, improved facilities and greater space for efficient patient care.”

KHC will bring a range of services under one roof, including expanded emergency department, outpatient facilities, maternity wing, birthing suites and world-class telehealth services.

“Research shows that the right environment can make a significant difference to how a person feels,” said Dr Montgomery.

Traditionally hospitals are thought of as sterile, bland buildings but many modern hospitals are breaking down that institutional feel.

The Karratha Health Campus will bring a range of services under one roof...
Important new info about health of country children and mums now online

The most comprehensive information ever compiled about the health and wellbeing of children and young people living in country WA is now online.

The Child and Maternal Health Profile – April 2017 is a thoroughly researched and insightful snapshot into the health of children and young people aged 0-19 years and birthing mothers who live in the seven WACHS regions.

Area Director Population Health Margaret Abernethy said the Profile would provide the basis for evidence-based planning and review of health services for critical demographics.

“Providing health services for children, young people and birthing mothers is more complex in regional WA, and now we have a starting point to further improve how we deliver services that meet their needs,” Margaret said.

“For example the Profile found that children and young people aged 0-19 years make up around a quarter of the total population in WACHS regions. They are more disadvantaged on most measures compared to their metropolitan counterparts; are more likely to have a lower socioeconomic status, with greater reliance on the public health system; and are more likely to be hospitalised for injury or illness,” Margaret said.

“Of these young people, 17 per cent are Aboriginal, compared to three per cent in the metropolitan area, increasing to 66 per cent in the Kimberley region. Even if Aboriginal children are excluded from the analysis, non-Aboriginal children in regional WA still have the same disadvantages.

“Of concern is that smoking in pregnancy has consistently been around 50 per cent for Aboriginal women but for non-Aboriginal women there has been a gradual trend downwards over the last eight years.

“With such comprehensive and up-to-date information at our disposal, we have a real opportunity to introduce highly targeted initiatives to improve the lives of children and youth in country WA.”

The Healthy Country Kids Program – An integrated child health and child development strategy is currently being implemented across WACHS regions.

Information gathered in the Profile will help with identifying where the greatest needs are and where resources and services need to be placed.

The Child and Maternal Health Profile – April 2017 can be found at www.wacountry.health.wa.gov.au under publications.

Pilbara healthy food program goes FIFO

WA Country Health Service Pilbara’s population health staff made a special delivery of healthy food messages to two Western Desert communities recently.

The team travelled with staff from Foodbank WA to Kunawarriji and Punnu – about 800 kilometres by light aircraft from Port Hedland – to deliver the Food Sensations for Schools program to students and members of the community.

Food Sensations is a fun and engaging program that teaches people how to make healthier food choices, how to read and interpret food labelling, and how to cook healthy and delicious recipes.

WACHS Pilbara’s dietitians and health promotion officers have been travelling to the communities to deliver the program since 2014.

During the three-day trip, staff ran nutrition education activities for the students, who then cooked four recipes for the whole school to enjoy for recess and lunch. They covered topics including the Australian Guide to Healthy Eating (www.eatforhealth.gov.au/guidelines/australian-guide-healthy-eating), homemade food versus takeaway food and making healthy choices.

A highlight was the introduction to Foodbank’s Superhero Foods (www.superherofoodshop.org.au/about-superhero-food), which shows how everyday shopping list items including bananas, cheese, broccoli, toast and fish are packed with nutrients.

Staff also ran sessions with the Martu ladies working in the Punnu school kitchen and provided them with recipe ideas for school breakfasts, recesses and lunches with a focus on how to modify recipes to use available produce – an important issue in remote communities.

Nutrition Coordinator Hannah Castledine said the visit was very well received and enjoyed by children and adults alike.

“The students especially enjoyed the cooking. They made many recipes and were able to practise their cooking skills,” Hannah said.

“We left recipe books tailored for any bush foods they find.”

“The professionals who work in the communities are also being delivered to many other remote communities in the Pilbara. Additional Foodbank programs developed for adults and parents are also being delivered in the region.

En route to Western Desert with Pilbara Population Health
Clinical Senate Chair stays true to values

New Clinical Senate Chair Tanya Basile takes on her new post with a pledge to stay true to the values of mutual respect and open clinician engagement on which the Senate was built. As the first nurse to be appointed Chair of the Clinical Senate, Ms Basile said her appointment in itself was a testament that the Senate practised what it preached.

“The Clinical Senate is a one-of-a-kind engagement platform for Western Australian clinicians based on mutual respect, and supported by a robust structure and time-tested processes,” she said.

“It provides an unparalleled opportunity to get a range of clinicians and consumers together to focus on issues that challenge health systems and the way we deliver care.

“My predecessors have done their parts in ensuring the Senate remains relevant and useful to the health system of the day, and I will continue this work to ensure that the Senate’s recommendations promote real change in our health system and services.”

Ms Basile said the Senate’s greatest value was in bringing together clinicians and consumers who were passionate about how the whole health system operated, not just their own spheres.

“It is important to note that Senators are nominated by their employing body but they do not represent them or their profession, but rather bring their own individual experiences to the table for an open and honest discussion,” she said.

“Every debate has that ‘aha’ moment, where someone realises for the first time that a certain issue impacts on a person, type of service delivery or cohort in a way that they never realised before.

“Due to this successful engagement model, more than 85 per cent of Senate recommendations have been endorsed and delivered, which means these debates are time well spent.”

Ms Basile, who has been a nurse for more than 45 years, credits her experience in intensive care nursing with fuelling her passion for clinician engagement.

“As an intensive care nurse you work in an incredibly close-knit team where all the professions rely heavily on each other and you learn the importance of teamwork,” she said.

“In the intensive care environment, no one person is more important than the other and each brings something different to the care of people and their families who are who are experiencing one of the most vulnerable, traumatic times of their lives.”

“It is here that I first started to consolidate my sense of the clinical engagement cycle, which I have carried through a variety of clinical and management roles.

“Ultimately, clinical engagement is as important in a whole of health context as it is at the bedside.”

Ms Basile said future Clinical Senate topics being considered included the value of health care, sustainable health, Aboriginal Health and immunisation.

People urged to share selfies for science

Western Australians are being encouraged to share their selfies for science to help researchers gain new insights into rare diseases.

In a ground-breaking international medical research project, a team of researchers plans to use the photographs to teach computers how to ‘read faces’.

WA Health clinical geneticist Gareth Baynam was an adviser to the project Minerva and Me (www.minervasandme.com.au) being led by researchers from Oxford University in England.

He said anybody contributing a photograph to the project would be helping the estimated 350 million people around the world living with a rare disease – including more than 60,000 children in WA.

“Subtle variations in facial features – sometimes imperceptible to the naked eye – can be markers of rare genetic conditions,” Dr Baynam said.

“What this project hopes to do is use the photographs to teach computers to read faces and identify facial variations that can be markers of these diseases.”

Dr Baynam, who heads Western Australia’s Undiagnosed Diseases Program, said a secure website had been established especially for the project.

He said the researchers hoped contributors would also encourage blood relatives to contribute a photograph of themselves because information from family members – with and without rare conditions – could be critical for assisting diagnoses.

Rare diseases are conditions, usually genetic in origin, which affect fewer than one in 2000 people. They include conditions such as muscular dystrophy, cystic fibrosis, neurofibromatosis, early-onset Parkinson’s disease, Huntington’s disease and early-onset Alzheimer’s.

Dr Baynam is leading another research project that is looking to faces for insights into rare diseases. His project involves taking three dimensional scans of faces.

He said work was also planned to explore how learnings from standard photographs and 3D facial images could be combined to create new diagnostic and treatment monitoring solutions.

The end goal of both his project and Minerva and Me is to develop non-invasive tools that will assist doctors to diagnose rare diseases and monitor the effectiveness of subsequent treatments and therapies.

Dr Baynam said about 30 per cent of rare disease patients waited up to 30 years for a diagnosis and that roughly the same figure saw six or more doctors before receiving a diagnosis. Nearly half were given an initial diagnosis that was wrong.

Street artists brighten up Cancer Centre carpark

When patients at Sir Charles Gairdner Hospital Cancer Centre complained that the basement carpark at DD block was depressing, a group of street artists stepped in to brighten the area with colourful ocean-themed murals.

The artists will also run workshops for young cancer patients, in collaboration with the Youth Cancer Service. These workshops will help youths with cancer develop their artistic skills.

Street artists Ryan Hite, Jan Malski, Charly Cilas and Christa Tarra volunteered their time and expertise to brighten the Cancer Centre carpark.

Tanya Basile is the first nurse to be appointed Chair of the Clinical Senate.
Nominate now for the Nursing and Midwifery Excellence Awards

The Awards celebrate the achievements of nurses and midwives who provide excellent care and service and make a significant difference to the delivery of health care in WA.

Colleagues can nominate nurses or midwives from any sector of the health system in 11 General Categories, while the public can nominate staff for the Consumer Appreciation Award (www.wanmea.com.au/nominations-explained).

The General Awards Categories are:
- Excellence in Aboriginal Health
- Excellence in Education
- Excellence in Enrolled Nursing
- Excellence in Leadership
- Excellence in Midwifery
- Excellence in Primary, Public and Community Care
- Excellence in Registered Nursing
- Excellence in Research
- Excellence in Rural and Remote Health
- Excellence in Residential Care
- Graduate of the Year.

Nurses and midwives can also be nominated for the Lifetime Achievement Honour (www.wanmea.com.au/lifetime-achievement-honour).

Finalists will be announced at a cocktail party on 9 March 2018, and winners revealed at a gala dinner on Saturday 12 May 2018.

Nominations close: 5.00pm Monday, 11 December 2017.

Find out more and nominate on the WA Nursing and Midwifery Excellence Awards website (www.wanmea.com.au/need-help) or ring 9222 2308.

Research grants bring comfort to burns patients

Professor Wood with, from left, fellow burns researcher Associate Professor Mark Fear and patient Adrian

A project to help burns patients feel comfortable in their own skin is one of many research projects that will share in $6 million of State Government infrastructure support funding in the latest round of the Medical and Health Research Infrastructure Fund (MHRIF).

The project, which is being led by renowned burns specialist Fiona Wood, will seek new insights on the impact of laser treatment on burns scars, in particular the optimal timing of initial treatment post-injury and the ideal interval between treatments.

Laser therapy has revolutionised the treatment of burns over the past 20 years, reducing the time patients spend in pressure garments, their need for reconstructive surgery and the physical and psychological impact of burn injury.

As part of this study, the research team will take biopsies from patients pre and post laser therapy to determine the quality of scars at different periods post injury, the earliest being six weeks. The samples will then be analysed at a cellular level.

The researchers hypothesise that the earlier the treatment, the better the outcome.

Professor Wood is one of 139 high-performing researchers awarded funding in the 20th round of the MHRIF program, which provides grants to help researchers meet the day-to-day infrastructure costs associated with their projects.

Her team will use the grant to run the laboratory where the scar samples will be analysed.

Only researchers, who have secured funding for their research from the National Health and Medical Research Council (NHMRC) or a funding body of similar standing, are eligible for MHRIF.

Howard Williams Medal to PMH Prof

Princess Margaret Hospital’s Professor David Forbes has been awarded the 2018 Howard Williams Medal in recognition of his outstanding contribution to improving the health of children and young people in Australia.

The prestigious Award is presented annually by the Royal Australian College of Physicians (RACP) in memory of Howard Williams, a paediatrician at the Royal Children’s Hospital from the late 1930s to the 1980s.

Professor Forbes’ work in major clinical, research, education and advocacy roles has demonstrated his commitment to indigenous, underprivileged and marginalised children.

Examples of his contribution include development of the Paediatric Eating Disorders Service in Western Australia, the UNICEF Australia health education programs in Lesotho, Health Frontiers education collaboration in Laos and establishing the multidisciplinary Western Australia Paediatric Refugee Health Service.

Professor Forbes will receive his medal at the RACP Congress in May.

Eating disorders program celebrates its 21st

Western Australia’s only public eating disorders program for children and adolescents turns 21 this year, and its founder Professor David Forbes, reflects upon the many young lives and their families that his program has helped.

“With two other colleagues I started the program in 1996 in response to a failure of the system to appropriately manage adolescents with eating disorders.

“Our service was unique at the time in that it took a multi-disciplinary approach, integrating mental and physical health care in a setting that was child-centred, family focussed and developmentally appropriate.

“A key feature of the program, which has remained at the forefront of our approach during all of these years, is to remove the notion of blame and punishment from patients and their families.

“An eating disorder is like any other medical condition, it requires treatment, not judgment. With the right support, about 80 per cent of young people with anorexia nervosa will fully recover,” David said.

Twenty-four year old Teagan Martin is one the program’s success stories, after being diagnosed with anorexia nervosa at age 13. After a four-year struggle with depression, anxiety, obsessive compulsive disorder and later bulimia, Teagan credits the support she received as having saved her life.

“The staff gave me the tools to separate myself from what was going on inside my head. They made me realise I’m a normal teenager outside of my mental health and that I could recover,” Teagan said.

A treatment program is usually outpatient based, and typically involves a collaboration among paediatricians, psychiatrists, psychologists, medical and mental health nurses, social workers, occupational therapists, dieticians, physiotherapists, peer support workers and teachers. Often intensive at first, and sometimes requiring a hospital stay, the program also includes support for family members, with group and individual therapy sessions as they adjust to the child’s journey.

The program also has a strong research and training focus which has led to international recognition.

Teagan’s experience has led her to champion the program for other adolescents struggling with eating disorders.

“I have, and have lost, many friends to depression so being able to reach out to other kids is invaluable. Kids need to know that help is available and that they’re not alone,” Teagan said.

Eating disorders are common in Australia, with two to three in every 100 Australian females diagnosed with anorexia or bulimia nervosa.

The PMH program has assessed about 1,200 youth people and their families, and at any time usually sees 150–170 active patients, aged between 8–16 years.

“We provide strong follow-up services, reaching into schools and peer groups, all over Western Australia. The success of our program lies in our exceptional people, with many staff serving with us since the program’s inception.

“But the real heroes are the children – their courage and willingness to come to grips with their illness is an inspiration to us all,” David said.

For further information about the PMH eating disorders program call 08 9340 7012.
A **FREE** meningococcal vaccine is now available for 15 to 19 year olds.

**Meningococcal can be life-threatening**

See your GP or immunisation provider.